

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/522846

FILING DATE

1-2505

APPLICANT(S)

10522846

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
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22						
23						
24						
25						
26						
27						
28						
29		1				
30			1			
31				1		
32			1			
33				1		
34					1	
35					1	
36					1	
37					1	
38					1	
39			1			
40				1		
41					1	
42			1			
43				1		
44					1	
45					1	
46						1
47					1	
48			6			
49				2		
50					2	
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					2	
52					2	
53					2	
54					2	
55					2	
56					3	
57					1	
58					1	
59					1	
60						
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95						
96						
97						
98						
99						
100						
TOTAL IND.					9	
TOTAL DEP.					30	
TOTAL CLAIMS					39	